

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of Illinois

Case number (if known):

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

##### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Yashicka  
First name  
A  
Middle name  
Johnson  
Last name  
Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

N/A

First name

JEFFREY AUG 15 2018  
MIDDLETON

Middle name  
Last name

Suffix (Sr., Jr., II, III)

##### 2. All other names you have used in the last 8 years

Include your married or maiden names.

N/A

First name

First name

Middle name

Middle name

Last name

Last name

N/A

First name

First name

Middle name

Middle name

Last name

Last name

##### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 1 6 4 0

OR

9 xx - xx - \_\_\_\_\_

xxx - xx - \_\_\_\_\_

OR

9 xx - xx - \_\_\_\_\_

Debtor 1	Yashicka A Johnson		Case number (if known)		
	First Name	Middle Name	Last Name		
<b>About Debtor 1:</b>					
<b>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</b>	<input checked="" type="checkbox"/> I have not used any business names or EINs.		<input type="checkbox"/> I have not used any business names or EINs.		
Include trade names and <i>doing business as</i> names	Business name	Business name	Business name		
	EIN	EIN	EIN		
	EIN	EIN	EIN		
<b>5. Where you live</b>					
15122 Evers St		If Debtor 2 lives at a different address:			
Number	Street	Number	Street		
<hr/> Dolton		<hr/> City State ZIP Code			
City	State	ZIP Code	City	State	ZIP Code
Cook		County		<hr/> If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.	
County		<hr/> If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
same		<hr/> Number Street		<hr/> Number Street	
Number Street		P.O. Box		P.O. Box	
<hr/> P.O. Box		<hr/> City State ZIP Code		<hr/> City State ZIP Code	
<hr/> City State ZIP Code		<hr/> City State ZIP Code		<hr/> City State ZIP Code	
<b>6. Why you are choosing this district to file for bankruptcy</b>				<b>Check one:</b>	
<input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				<input type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	
<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)				<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)	
<hr/> <hr/> <hr/>				<hr/> <hr/> <hr/>	

Debtor 1 **Yashicka A Johnson**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. **How you will pay the fee**  *I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.*

*I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).*

*I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.*

9. **Have you filed for bankruptcy within the last 8 years?**  No  
 Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY  
MM / DD / YYYY  
MM / DD / YYYY

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**  No  
 Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY  
Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

11. **Do you rent your residence?**  No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?  
 No. Go to line 12.  
 Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Yashicka A Johnson**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**  No. Go to Part 4.  
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any \_\_\_\_\_  
Number Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**  
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No  
 Yes. What is the hazard? \_\_\_\_\_  
\_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_  
\_\_\_\_\_

Where is the property? \_\_\_\_\_  
Number Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1

**Yashicka A Johnson**

First Name Middle Name

Last Name

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Yashicka A Johnson**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

**16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.  
 Yes. Go to line 17.

**16b. Are your debts primarily business debts?** Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.  
 Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**

**17. Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
 No  
 Yes

**18. How many creditors do you estimate that you owe?**

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

**19. How much do you estimate your assets to be worth?**

<input checked="" type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**20. How much do you estimate your liabilities to be?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

**For you**

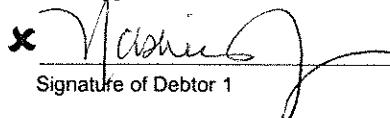
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

  
Signature of Debtor 1

Executed on 08/15/2018  
MM / DD / YYYY

  
N/A

Signature of Debtor 2

Executed on \_\_\_\_\_  
MM / DD / YYYY

Debtor 1

**Yashicka A Johnson**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**For you if you are filing this bankruptcy without an attorney**

**If you are represented by an attorney, you do not need to file this page.**

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No  
 Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

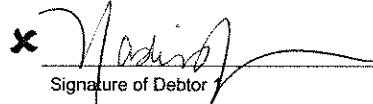
No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No  
 Yes. Name of Person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

  
Signature of Debtor 1

  
N/A

Signature of Debtor 2

Date 08/15/2018  
MM / DD / YYYY

Date    
MM / DD / YYYY

Contact phone (708) 574-5531

Contact phone  

Cell phone (708) 574-5531

Cell phone  

Email address yashicka.johnson@yahoo.com

Email address

Fill in this information to identify your case:		
Debtor 1	Yashicka A Johnson	
	First Name	Middle Name
Debtor 2	N/A	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: Northern District of Illinois		
Case number	(If known)	

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

Your assets		Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		\$ 0.00
1a. Copy line 55, Total real estate, from Schedule A/B.....		\$ 0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....		\$ 5,638.00
1c. Copy line 63, Total of all property on Schedule A/B .....		\$ 5,638.00

#### Part 2: Summarize Your Liabilities

Your liabilities		Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		\$ 14,793.00
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D .....		\$ 14,793.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		\$ 88,719.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....		\$ 88,719.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F .....		\$ 60,973.00
	+	
		\$ 164,485.00

#### Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	\$ 2,807.45
Copy your combined monthly income from line 12 of Schedule I .....	
5. Schedule J: Your Expenses (Official Form 106J)	\$ 2,949.00
Copy your monthly expenses from line 22c of Schedule J .....	

Debtor 1 Yashicka A Johnson  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 3,498.00

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>88,719.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$ <u>0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	<b>\$ <u>88,719.00</u></b>

Fill in this information to identify your case and this filing:

Debtor 1	Yashicka A Johnson		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	N/A		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Illinois			
Case number: _____			

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1. Street address, if available, or other description  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

If you own or have more than one, list here:

1.2. Street address, if available, or other description  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

1.3. Street address, if available, or other description

---

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

---

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

**Check if this is community property (see instructions)**

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. ....

\$ 0.00

## Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.**

### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1. Make: Chevrolet

Model: Impala

Year: 2015

Approximate mileage: 108000

Other information:

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

\$ 7,908.00 \$ 3,954.00

If you own or have more than one, describe here:

3.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.3. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information: \_\_\_\_\_

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information: \_\_\_\_\_

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

4.1. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information: \_\_\_\_\_

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information: \_\_\_\_\_

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here ..... →

\$ 3,954.00

**Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples: Major appliances, furniture, linens, china, kitchenware* No Yes. Describe.....

bed, dressers, sofa, table, chairs, rugs, dishes, clock, food, lamps, iron, small appliances, end tables, book shelf all items at flea market value

\$ 469.00

**7. Electronics***Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games* No Yes. Describe.....

home computer, cell phone, tv's at pawn shop prices used

\$ 325.00

**8. Collectibles of value***Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles* No Yes. Describe.....

wall pictures, bibles, family pictures(no cash value) cd's/dvd's books/school books all items at used book store value

\$ 188.00

**9. Equipment for sports and hobbies***Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments* No Yes. Describe.....

\$ 0.00

**10. Firearms***Examples: Pistols, rifles, shotguns, ammunition, and related equipment* No Yes. Describe.....

\$ 0.00

**11. Clothes***Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories* No Yes. Describe.....

normal wearing apparel/ uniforms at used store value

\$ 407.00

**12. Jewelry***Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver* No Yes. Describe.....

costume jewelry, earrings, watch at pawn shop value used

\$ 215.00

**13. Non-farm animals***Examples: Dogs, cats, birds, horses* No Yes. Describe.....

\$ 0.00

**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information. ....

\$ 0.00

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 1,604.00

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes .....

Cash: ..... \$ 40.00

**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes .....

Institution name:

17.1. Checking account:	US Bank #3364	\$ 35.00
17.2. Checking account:	.....	\$ .....
17.3. Savings account:	.....	\$ .....
17.4. Savings account:	.....	\$ .....
17.5. Certificates of deposit:	.....	\$ .....
17.6. Other financial account:	.....	\$ .....
17.7. Other financial account:	.....	\$ .....
17.8. Other financial account:	.....	\$ .....
17.9. Other financial account:	.....	\$ .....

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes .....

Institution or issuer name:

.....	\$ .....
.....	\$ .....
.....	\$ .....

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them.....

Name of entity:	% of ownership:
.....	0% %
.....	0% %
.....	0% %

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan:	_____ \$ _____
Pension plan:	_____ \$ _____
IRA:	_____ \$ _____
Retirement account:	_____ \$ _____
Keogh:	_____ \$ _____
Additional account:	_____ \$ _____
Additional account:	_____ \$ _____

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes .....

Institution name or individual:

Electric:	_____ \$ _____
Gas:	_____ \$ _____
Heating oil:	_____ \$ _____
Security deposit on rental unit:	_____ \$ _____
Prepaid rent:	_____ \$ _____
Telephone:	_____ \$ _____
Water:	_____ \$ _____
Rented furniture:	_____ \$ _____
Other:	_____ \$ _____

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes .....

Issuer name and description:

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

## 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

## 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

 No Yes. Give specific information about them....

_____	\$ _____
-------	----------

## 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them....

_____	\$ _____
-------	----------

## 27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them....

_____	\$ _____
-------	----------

## Money or property owed to you?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

## 28. Tax refunds owed to you

 No Yes. Give specific information about them, including whether you already filed the returns and the tax years....2017 tax refund  
expecting 2018 tax refund(unknown)Federal: \$ 5.00  
State: \$ \_\_\_\_\_  
Local: \$ \_\_\_\_\_

## 29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information....

_____
-------

Alimony: \$ \_\_\_\_\_  
Maintenance: \$ \_\_\_\_\_  
Support: \$ \_\_\_\_\_  
Divorce settlement: \$ \_\_\_\_\_  
Property settlement: \$ \_\_\_\_\_

## 30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information....

_____	\$ _____
-------	----------

**31. Interests in insurance policies***Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance* No Yes. Name the insurance company \_\_\_\_\_ Company name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Surrender or refund value: \_\_\_\_\_  
of each policy and list its value. ....  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_**32. Any interest in property that is due you from someone who has died***If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.* No Yes. Give specific information. ....  
\_\_\_\_\_ \$ \_\_\_\_\_**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples: Accidents, employment disputes, insurance claims, or rights to sue* No Yes. Describe each claim. ....  
\_\_\_\_\_ \$ \_\_\_\_\_**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim. ....  
\_\_\_\_\_ \$ \_\_\_\_\_**35. Any financial assets you did not already list** No Yes. Give specific information. ....  
\_\_\_\_\_ \$ \_\_\_\_\_**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** \$ 80.00**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned** No Yes. Describe. ....  
\_\_\_\_\_ \$ \_\_\_\_\_**39. Office equipment, furnishings, and supplies***Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices* No Yes. Describe. ....  
\_\_\_\_\_ \$ \_\_\_\_\_

Debtor 1 Yashicka A Johnson

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Case number (if known)

## 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

 No Yes. Describe.....

	\$ _____
--	----------

## 41. Inventory

 No Yes. Describe.....

	\$ _____
--	----------

## 42. Interests in partnerships or joint ventures

 No Yes. Describe..... Name of entity:

% of ownership:

	% _____	\$ _____
	% _____	\$ _____
	% _____	\$ _____

## 43. Customer lists, mailing lists, or other compilations

 No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

	\$ _____
--	----------

## 44. Any business-related property you did not already list

 No Yes. Give specific information .....

	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →

	0.00
--	------

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

## 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

 No. Go to Part 7. Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

## 47. Farm animals

Examples: Livestock, poultry, farm-raised fish

 No Yes.....

	\$ _____
--	----------

Debtor 1 Yashicka A Johnson

First Name Middle Name Last Name

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Case number (if known)

## 48. Crops—either growing or harvested

 No Yes. Give specific information.....

\$

## 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

 No Yes.....

\$

## 50. Farm and fishing supplies, chemicals, and feed

 No Yes.....

\$

## 51. Any farm- and commercial fishing-related property you did not already list

 No Yes. Give specific information.....

\$

## 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

0.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

## 53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information.....\$  
\$  
\$

## 54. Add the dollar value of all of your entries from Part 7. Write that number here

0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 → \$ 0.00

56. Part 2: Total vehicles, line 5 \$ 3,954.00

57. Part 3: Total personal and household items, line 15 \$ 1,604.00

58. Part 4: Total financial assets, line 36 \$ 80.00

59. Part 5: Total business-related property, line 45 \$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00

61. Part 7: Total other property not listed, line 54 + \$ 0.00

62. Total personal property. Add lines 56 through 61. \$ 5,638.00 Copy personal property total → + \$ 5,638.00

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$ 5,638.00

Fill in this information to identify your case:		
Debtor 1 <b>Yashicka A Johnson</b> First Name <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/> Debtor 2 <b>N/A</b> (Spouse, if filing) First Name <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/>		
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (If known) <input type="text"/>		

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: <u>2015 Chevy Impala</u>	\$3,954.00	<input checked="" type="checkbox"/> \$ 2,400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735-5/12-1001(c)
Line from <i>Schedule A/B</i> : <u>3.1</u>			
Brief description: <u>household goods</u>	\$469.00	<input type="checkbox"/> \$ 469.00 <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735-5/12-1001(b)
Line from <i>Schedule A/B</i> : <u>6</u>			
Brief description: <u>electronics</u>	\$325.00	<input type="checkbox"/> \$ 325.00 <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735-5/12-1001(b)
Line from <i>Schedule A/B</i> : <u>7</u>			

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption
Brief description: <u>bible, school books</u>	\$ <u>128.00</u>	<input type="checkbox"/> \$ <u>128.00</u> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735-5/12-1001(b)
Line from Schedule A/B: <u>8</u>			
Brief description: <u>wall pics, cd's/dvd's</u>	\$ <u>60.00</u>	<input type="checkbox"/> \$ <u>60.00</u> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735-5/12-1001(b)
Line from Schedule A/B: <u>8</u>			
Brief description: <u>clothes/ uniforms</u>	\$ <u>407.00</u>	<input type="checkbox"/> \$ <u>407.00</u> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735-5/12-1001(a) 735-5/12-1001(b)
Line from Schedule A/B: <u>11</u>			
Brief description: <u>jewelry</u>	\$ <u>215.00</u>	<input type="checkbox"/> \$ <u>215.00</u> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735-5/12-1001(b)
Line from Schedule A/B: <u>12</u>			
Brief description: <u>cash in wallet</u>	\$ <u>40.00</u>	<input type="checkbox"/> \$ <u>40.00</u> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735-5/12-1001(b)
Line from Schedule A/B: <u>16</u>			
Brief description: <u>US Bank</u>	\$ <u>35.00</u>	<input type="checkbox"/> \$ <u>35.00</u> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735-5/12-1001(b)
Line from Schedule A/B: <u>17.1</u>			
Brief description: <u>2017 tax refund</u>	\$ <u>5.00</u>	<input type="checkbox"/> \$ <u>5.00</u> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735-5/12-1001(b)
Line from Schedule A/B: <u>28</u>			
Brief description: <u>expecting 2018 tax</u>	\$ <u></u>	<input checked="" type="checkbox"/> \$ <u></u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735-5/12-1001(b)
Line from Schedule A/B: <u>28</u>			
Brief description: <u></u>	\$ <u></u>	<input type="checkbox"/> \$ <u></u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: <u></u>			
Brief description: <u></u>	\$ <u></u>	<input type="checkbox"/> \$ <u></u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: <u></u>			
Brief description: <u></u>	\$ <u></u>	<input type="checkbox"/> \$ <u></u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: <u></u>			
Brief description: <u></u>	\$ <u></u>	<input type="checkbox"/> \$ <u></u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: <u></u>			

Fill in this information to identify your case:

Debtor 1	Yashicka A Johnson		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	N/A		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Illinois			
Case number (If known) _____			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

**2.1 American Eagle Bank**

Describe the property that secures the claim:

\$ 14,793.00 \$ 3,954.00 \$ 10,839.00

Creditor's Name  
556 Randall Road  
Number Street

2015 Chevrolet Impala

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred 05/18/2015

Last 4 digits of account number 6 1 7 0

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**2.2**

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 14,793.00

Fill in this information to identify your case:

Debtor 1	Yashicka A Johnson	
	First Name	Middle Name
Debtor 2	N/A	
(Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (If known)		

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1	Dept of Ed/ Nelnet Priority Creditor's Name 3015 Parker Rd Ste 400 Number Street	Last 4 digits of account number	6	5	4	6	\$	0.00	\$	0.00	\$	0.00
		When was the debt incurred?	10/13/2009									

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify notice only

2.2	Dept of Ed/ Nelnet Priority Creditor's Name 3015 Parker Rd Ste 400 Number Street	Last 4 digits of account number	6	5	4	6	\$	0.00	\$	0.00	\$	0.00
		When was the debt incurred?	10/13/2009									

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify notice only

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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2.3

**Dept of Ed/ Navient**

Priority Creditor's Name

P O Box 9635

Number Street

Last 4 digits of account number 0 1 4 0\$ 0.00 \$ 0.00 \$ 0.00When was the debt incurred? 09/14/2014

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

**Dept of Ed/ Navient**

Priority Creditor's Name

P O Box 9635

Number Street

Last 4 digits of account number 0 1 4 0\$ 0.00 \$ 0.00 \$ 0.00When was the debt incurred? 09/14/2014

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

**Dept of Ed/ Navient**

Priority Creditor's Name

P O Box 9635

Number Street

Last 4 digits of account number 0 1 4 0\$ 0.00 \$ 0.00 \$ 0.00When was the debt incurred? 02/02/2014

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify notice only

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.6	Dept of Ed/ Navient	Last 4 digits of account number	0 1 3 0	\$ 0.00	\$ 0.00	\$ 0.00
Priority Creditor's Name			When was the debt incurred? 09/08/2013			
P O Box 9635			As of the date you file, the claim is: Check all that apply.			
Number Street			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Wilkes Barre PA 18773			Type of PRIORITY unsecured claim:			
City State ZIP Code			<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>notice only</u>			
Who incurred the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another						
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
	Dept of Ed/ Navient	Last 4 digits of account number	0 1 3 0	\$ 0.00	\$ 0.00	\$ 0.00
Priority Creditor's Name			When was the debt incurred? 09/08/2013			
P O Box 9635			As of the date you file, the claim is: Check all that apply.			
Number Street			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Wilkes Barre PA 18773			Type of PRIORITY unsecured claim:			
City State ZIP Code			<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>notice only</u>			
Who incurred the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another						
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
	Dept of Ed/ Navient	Last 4 digits of account number	0 1 3 0	\$ 0.00	\$ 0.00	\$ 0.00
Priority Creditor's Name			When was the debt incurred? 06/23/2013			
P O Box 9635			As of the date you file, the claim is: Check all that apply.			
Number Street			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Wilkes Barre PA 18773			Type of PRIORITY unsecured claim:			
City State ZIP Code			<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>notice only</u>			
Who incurred the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another						
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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2.9

**Dept of Ed/ Navient**

Priority Creditor's Name

P O Box 9635

Number Street

Last 4 digits of account number 0 1 3 0

\$ 0.00 \$ 0.00 \$ 0.00

When was the debt incurred? 06/23/2013

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

**Dept of Ed/ Navient**

Priority Creditor's Name

P O Box 9635

Number Street

Last 4 digits of account number 0 1 3 0

\$ 0.00 \$ 0.00 \$ 0.00

When was the debt incurred? 02/03/2013

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

**Dept of Ed/ Navient**

Priority Creditor's Name

P O Box 9635

Number Street

Last 4 digits of account number 0 1 2 0

\$ 0.00 \$ 0.00 \$ 0.00

When was the debt incurred? 06/25/2012

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify notice only

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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**3.2** **US Department of Education** Last 4 digits of account number 3 4 1 0 \$ 3,615.00 \$ 3,615.00 \$ 0.00

Priority Creditor's Name  
**P O Box 5609**  
Number Street

When was the debt incurred? 09/14/2014

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

**US Department of Education** Last 4 digits of account number 3 4 1 0 \$ 541.00 \$ 541.00 \$ 0.00

Priority Creditor's Name  
**P O Box 5609**  
Number Street

When was the debt incurred? 09/14/2014

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

**US Department of Education** Last 4 digits of account number 3 4 0 1 \$ 3,617.00 \$ 3,617.00 \$ 0.00

Priority Creditor's Name  
**P O Box 5609**  
Number Street

When was the debt incurred? 09/08/2013

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Is the claim subject to offset?

No  
 Yes

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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3.5	US Department of Education	Last 4 digits of account number	3 4 0 0	\$ 2,730.00	\$ 2,730.00	\$ 0.00
Priority Creditor's Name P O Box 5609		When was the debt incurred? 09/08/2013				
Number Street		As of the date you file, the claim is: Check all that apply.				
Greenville TX 75403		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one.		Type of PRIORITY unsecured claim:				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____				
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
US Department of Education		Last 4 digits of account number	3 4 0 0	\$ 4,235.00	\$ 4,235.00	\$ 0.00
Priority Creditor's Name P O Box 5609		When was the debt incurred? 06/23/2013				
Number Street		As of the date you file, the claim is: Check all that apply.				
Greenville TX 75403		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one.		Type of PRIORITY unsecured claim:				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____				
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
US Department of Education		Last 4 digits of account number	3 4 0 1	\$ 510.00	\$ 510.00	\$ 0.00
Priority Creditor's Name P O Box 5609		When was the debt incurred? 06/23/2013				
Number Street		As of the date you file, the claim is: Check all that apply.				
Greenville TX 75403		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one.		Type of PRIORITY unsecured claim:				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____				
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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3.8

**US Department of Education**

Priority Creditor's Name

P O Box 5609

Number Street

Last 4 digits of account number 3 4 0 1

\$ 3,060.00 \$ 3,060.00 \$ 0.00

When was the debt incurred? 02/03/2013

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

## Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Is the claim subject to offset?

No  
 Yes

**US Department of Education**

Priority Creditor's Name

P O Box 5609

Number Street

Last 4 digits of account number 3 1 4 2

\$ 8,478.00 \$ 8,478.00 \$ 0.00

When was the debt incurred? 06/25/2012

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

## Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Is the claim subject to offset?

No  
 Yes

**US Department of Education**

Priority Creditor's Name

P O Box 5609

Number Street

Last 4 digits of account number 3 1 4 2

\$ 11,623.00 \$ 1,623.00 \$ 0.00

When was the debt incurred? 06/25/2012

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

## Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Is the claim subject to offset?

No  
 Yes

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim amount	Priority amount	Nonpriority amount
--------------------	-----------------	--------------------

4.1	US Department of Education	Last 4 digits of account number <u>1 1 3 7</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Priority Creditor's Name P O Box 5609		When was the debt incurred? <u>09/28/2009</u>			
Number Street		As of the date you file, the claim is: Check all that apply.			
Greenville TX 75403		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Who incurred the debt? Check one.</b> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt					
<b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>notice only</u>					
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
	US Department of Education	Last 4 digits of account number <u>1 1 3 7</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Priority Creditor's Name P O Box 5609		When was the debt incurred? <u>09/28/2009</u>			
Number Street		As of the date you file, the claim is: Check all that apply.			
Greenville TX 75403		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Who incurred the debt? Check one.</b> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt					
<b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>notice only</u>					
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
	US Department of Education	Last 4 digits of account number <u>1 1 3 8</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
Priority Creditor's Name P O Box 5609		When was the debt incurred? <u>09/28/2009</u>			
Number Street		As of the date you file, the claim is: Check all that apply.			
Greenville TX 75403		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Who incurred the debt? Check one.</b> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt					
<b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>notice only</u>					
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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4.4

**Direct Loans**

Priority Creditor's Name

P O Box 5609

Number Street

Last 4 digits of account number 3 4 1 0

\$ 758.00 \$ 758.00 \$ 0.00

When was the debt incurred? 02/02/2014

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

**Indiana Dept of Revenue**

Priority Creditor's Name

P O Box 1028

Number Street

Last 4 digits of account number 7 7 8 6

\$ 172.00 \$ 0.00 \$ 172.00

When was the debt incurred? 12/31/2014

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

**National Recoveries Inc**

Priority Creditor's Name

P O Box 120666

Number Street

Last 4 digits of account number 2 2 1 3 \$ 49,380.00 \$ 9,380.00 \$ 0.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.****4.1 ACL Laboratories**

Nonpriority Creditor's Name

P O Box 27901

Number Street

West Allis

WI

53227

City

Last 4 digits of account number 8 7 8 7\$ 509.00When was the debt incurred? 05/14/2015**Total claim****As of the date you file, the claim is: Check all that apply.**

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

**4.2 Advanced Reproductive Health Center LTD**

Nonpriority Creditor's Name

2282 Momentum Place

Number Street

Chicago

IL

60689

City

Last 4 digits of account number 7 0 2 9\$ 84.00When was the debt incurred? 01/01/2016**As of the date you file, the claim is: Check all that apply.**

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

**4.3 Advanced Reproductive Health Center LTD**

Nonpriority Creditor's Name

2282 Momentum Place

Number Street

Chicago

IL

60689

City

Last 4 digits of account number 5 9 5 9\$ 25,719.00When was the debt incurred? 04/13/2015**As of the date you file, the claim is: Check all that apply.**

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4

## Advanced Reproductive Health Center LTD

Nonpriority Creditor's Name

2282 Momentum Place

Number Street  
Chicago IL 60689  
City State ZIP Code

Last 4 digits of account number 5 9 5 9

\$ 182.00

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

5

## Advocate Christ Medical Center

Nonpriority Creditor's Name

4440 W 95th St  
Number Street  
Oak Lawn IL 60453  
City State ZIP Code

Last 4 digits of account number 8 2 4 4

\$ 1,710.00

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

6

## Advocate Medical Group

Nonpriority Creditor's Name

8550 W Bryn Mawr Ave 8th Floor  
Number Street  
Chicago IL 60631  
City State ZIP Code

Last 4 digits of account number 0 5 0 9

\$ 150.00

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim****7****Advocate Medical Group**

Nonpriority Creditor's Name

8550 W Bryn Mawr Ave 8th Floor

Number Street  
Chicago IL 60631  
City State ZIP CodeLast 4 digits of account number 0 5 0 9\$ 40.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

**8****Advocate Medical Group**

Nonpriority Creditor's Name

8550 W Bryn Mawr Ave 8th Floor

Number Street  
Chicago IL 60631  
City State ZIP CodeLast 4 digits of account number 0 5 0 9\$ 101.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

**9****American Family Insurance**

Nonpriority Creditor's Name

6000 American Parkway

Number Street  
Madison WI 53783  
City State ZIP CodeLast 4 digits of account number 1 6 4 0\$ 166.00When was the debt incurred? 01/08/2018

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim****10****AT&T**

Nonpriority Creditor's Name

208 South Akard St

Number Street

Dallas TX 75202

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 5 5 4 8\$ 844.00When was the debt incurred? 05/25/2018

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of **NONPRIORITY** unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit use

**11****Bank of America**

Nonpriority Creditor's Name

P O Box 25118

Number Street

Tampa FL 33622

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 8 7 9 0\$ 3,500.00When was the debt incurred? 07/20/2009

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of **NONPRIORITY** unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit use

**12****Beach Anesthesia SC**

Nonpriority Creditor's Name

P O Box 14124

Number Street

Chicago IL 60614

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 5 4 5 4\$ 829.00When was the debt incurred? 07/27/2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of **NONPRIORITY** unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim****13****Beach Anesthesia SC**

Nonpriority Creditor's Name

**P O Box 14124**Number Street  
**Chicago** IL **60614**

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number **0 9 7 9**\$ **1,368.00**When was the debt incurred? **07/27/2015**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of **NONPRIORITY** unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

**14****Bostwick Laboratories**

Nonpriority Creditor's Name

**P O Box 403751**Number Street  
**Atlanta** GA **30384**

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number **5 3 4 1**\$ **366.00**When was the debt incurred? **10/13/2014**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of **NONPRIORITY** unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

**15****Capital One Bank USA N.A.**

Nonpriority Creditor's Name

**P O Box 30285**Number Street  
**Salt Lake City** UT **84130**

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number **1 5 6 1**\$ **654.00**When was the debt incurred? **07/01/2015**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of **NONPRIORITY** unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit use

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim****16****Capital One Bank USA N.A**

Nonpriority Creditor's Name

P O Box 30285

Number Street

Salt Lake City UT 84130

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 7 1 1 9\$ 673.00When was the debt incurred? 07/11/2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit use

**17****Cano Louis A**

Nonpriority Creditor's Name

6241 S Kedzie Ave Apt. 314

Number Street  
Chicago IL 60629

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 1 2 8 0\$ 535.00When was the debt incurred? 08/15/2003

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit use

**18****City of Chicago/ Dept of Revenue**

Nonpriority Creditor's Name

121 N LaSalle St

Number Street  
Chicago IL 60602

City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 3 8 0 6\$ 60.00When was the debt incurred? 05/23/2018

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify ticket

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

19 City of Chicago/ Dept of Revenue

Nonpriority Creditor's Name

121 N LaSalle St

Number Street

Chicago

IL

60602

City

State

ZIP Code

Last 4 digits of account number 8 6 3 9

\$ 120.00

When was the debt incurred? 05/09/2018

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify ticket

20 City of Chicago/ Dept of Revenue

Nonpriority Creditor's Name

121 N LaSalle St

Number Street

Chicago

IL

60602

City

State

ZIP Code

Last 4 digits of account number 5 9 8 2

\$ 280.00

When was the debt incurred? 05/02/2018

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify ticket

21 Comcast/ Xfinity

Nonpriority Creditor's Name

P O Box 3002

Number Street

Southeastern

PA

19398

City

State

ZIP Code

Last 4 digits of account number 5 6 0 3

\$ 257.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit use

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

22

ComEd

Nonpriority Creditor's Name

3 Lincoln Center

Number Street

Oakbrook Terrace

IL

60181

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 2 0 7 0

\$ 14.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit use

23

Commonwealth Edison Company

Nonpriority Creditor's Name

3 Lincoln Center

Number Street

Oakbrook Terrace

IL

60181

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 8 1 6 4

\$ 34.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit use

24

Community Utilities of Indiana, Inc/ IWSI

Nonpriority Creditor's Name

P O Box 160609

Number Street

Altamonte Springs

FL

32716

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 7 0 3 9

\$ 118.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit use

Debtor 1

Yashicka A Johnson

First Name Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

25

Consolidated Pathology Consultants SC

Nonpriority Creditor's Name

75 Remittance Drive Ste 1895

Number Street

Chicago

State

ZIP Code

60675

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 6 4 4 4

\$ 130.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify medical

26

Credigy Receivable

Nonpriority Creditor's Name

3715 Davinci Ct Ste 200

Number Street

Norcross

State

ZIP Code

30092

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 0 9 6 9

\$ 4,250.00

When was the debt incurred? 01/08/2007

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify credit use

27

Credit One Bank

Nonpriority Creditor's Name

P O Box 98875

Number Street

Las Vegas

State

ZIP Code

89193

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 9 7 3 2

\$ 0.00

When was the debt incurred? 11/03/2015

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify credit use

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim****28****CVS/ Caremark- CATS**

Nonpriority Creditor's Name

**1 CVS Drive**

Number Street

Woonsocket

RI

02895

City

State

ZIP Code

Last 4 digits of account number 0 9 7 7\$ 873.00When was the debt incurred? 10/28/2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

**29****CVS/ Caremark- CATS**

Nonpriority Creditor's Name

**1 CVS Drive**

Number Street

Woonsocket

RI

02895

City

State

ZIP Code

Last 4 digits of account number 0 9 7 8\$ 720.00When was the debt incurred? 10/28/2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

**30****ChexSystems**

Nonpriority Creditor's Name

**7805 Hudson Rd Ste 100**

Number Street

Woodbury

MN

55125

City

State

ZIP Code

Last 4 digits of account number 1 6 4 0\$ 0.00When was the debt incurred? 08/15/2018

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify notice only

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

31

**Dental Care Alliance**

Nonpriority Creditor's Name

6240 Lake Osprey Dr

Number Street

Sarasota

FL

34240

City

State

ZIP Code

Last 4 digits of account number 7 8 9 8\$ 276.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

32

**Emergency Care Association Of IN, LLC**

Nonpriority Creditor's Name

P O Box 37974

Number Street

Philadelphia

PA

19101

City

State

ZIP Code

Last 4 digits of account number 0 2 4 6\$ 1,643.00When was the debt incurred? 11/21/2016

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

33

**Equifax**

Nonpriority Creditor's Name

P O Box 740241

Number Street

Atlanta

GA

30374

City

State

ZIP Code

Last 4 digits of account number 1 6 4 0\$ 0.00When was the debt incurred? 08/15/2018

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify notice only

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

34

Experian

Nonpriority Creditor's Name

P O Box 2002

Number Street

Alien TX 75202

City State ZIP Code

Last 4 digits of account number 1 6 4 0

\$ 0.00

When was the debt incurred? 08/15/2018

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify notice only

35

Flores Lilia

Nonpriority Creditor's Name

2454 W 68th St Apt 2

Number Street

Chicago IL 60629

City State ZIP Code

Last 4 digits of account number 4 3 3 2

\$ 550.00

When was the debt incurred? 06/27/2005

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit use

36

Franciscan Alliance, Inc

Nonpriority Creditor's Name

37621 Eagle Way

Number Street

Chicago IL 60678

City State ZIP Code

Last 4 digits of account number 7 7 4 9

\$ 847.00

When was the debt incurred? 09/29/2014

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim****37****FSB Blaze Credit Card**

Nonpriority Creditor's Name

500 E 60th St

Number Street

Sioux Falls

SD

57104

City

State

ZIP Code

Last 4 digits of account number 5 5 1 9\$ 452.00When was the debt incurred? 12/20/2015

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify credit use

**38****Intergrated Imaging Consultants, LLC**

Nonpriority Creditor's Name

1775 Dempster St

Number Street

Park Ridge

IL

60068

City

State

ZIP Code

Last 4 digits of account number 1 6 4 0\$ 34.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify medical

**39****LVNV Funding/ Resurgent Capital Services**

Nonpriority Creditor's Name

P O Box 1269

Number Street

Greenville

SC

29602

City

State

ZIP Code

Last 4 digits of account number 9 7 3 2\$ 0.00When was the debt incurred? 07/13/2016

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify notice only

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

40

## Meta Bank Capital Credit Card

Nonpriority Creditor's Name

P O Box 5096

Number Street

Sioux Falls

SD

57117

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 5 5 1 9

\$ 452.00

When was the debt incurred? 12/20/2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit use

41

## Methodist Hospital, Inc Southlake

Nonpriority Creditor's Name

6121 Cleveland

Number Street

Merrillville

IN

46410

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 4 7 6 5

\$ 591.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify judgment

42

## NipSCO

Nonpriority Creditor's Name

801 E 86th Ave

Number Street

Merrillville

IN

46410

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 5 0 0 8

\$ 382.00

When was the debt incurred? 01/31/2018

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit use

## Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

43

## North Shore Same Day Surgery, LLC

Nonpriority Creditor's Name

3314 Eagle Way

Number Street  
Chicago IL 60678  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 0 5 4 9

\$ 540.00

When was the debt incurred? 12/20/2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

44

## North Shore Same Day Surgery, LLC

Nonpriority Creditor's Name

3314 Eagle Way  
Number Street  
Chicago IL 60678  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 0 5 4 9

\$ 2,770.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

45

## Peoples Gas

Nonpriority Creditor's Name

200 East Randolph 22nd Floor  
Number Street  
Chicago IL 60601  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 5 8 9 2

\$ 725.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit use

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

46

PNC Bank

Nonpriority Creditor's Name

249 5th Avenue Ste 30

Number Street

Pittsburgh

PA

15222

City

State

ZIP Code

Last 4 digits of account number 1 9 1 8

\$ 933.00

When was the debt incurred? 08/15/2018

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Credit use

47

PNC Bank

Nonpriority Creditor's Name

300 Fifth Avenue, The Tower at PNC Plaza

Number Street

Pittsburgh

PA

15222

City

State

ZIP Code

Last 4 digits of account number 5 2 5 9

\$ 100.00

When was the debt incurred? 08/15/2018

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify credit use

48

Real Property Management

Nonpriority Creditor's Name

1110 Arrowhead Court Ste D

Number Street

Crown Point

IN

46307

City

State

ZIP Code

Last 4 digits of account number 1 6 4 0

\$ 5,074.00

When was the debt incurred? 04/01/2017

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify credit use

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

49

Scott Terry Female Health Associates

Nonpriority Creditor's Name

20325 S Graceland Ave

Number Street

Frankfort IL 60423

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

Last 4 digits of account number 4 3 4 5

\$ 106.00

When was the debt incurred? 09/25/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify medical

50

Suntrust Bank

Nonpriority Creditor's Name

919 E Main St

Number Street

Richmond VA 23219

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

Last 4 digits of account number 0 6 8 8

\$ 163.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify credit use

51

T-Mobile

Nonpriority Creditor's Name

12920 SE 38th St

Number Street

Bellevue WA 98006

City State ZIP Code

**Who incurred the debt?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt**

**Is the claim subject to offset?**

- No
- Yes

Last 4 digits of account number 5 2 3 5

\$ 330.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify credit use

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

52

TransUnion

Nonpriority Creditor's Name

P O Box 1000

Number Street

Chester

PA

19022

City

State

ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 1 6 4 0

\$ 0.00

When was the debt incurred? 08/15/2018

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Notice only

53

Wadas Dental Center Crown Point

Nonpriority Creditor's Name

11055 Broadway Ste E

Number Street

Crown Point

IN

46307

City

State

ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 7 8 9 8

\$ 221.00

When was the debt incurred? 06/22/2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical

54

Water Services Corporation

Nonpriority Creditor's Name

4939 Cross Bayoo Blvd

Number Street

New Port Richey

FL

34652

City

State

ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 7 0 3 9

\$ 118.00

When was the debt incurred? 05/08/2018

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit use

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p>55</p> <p>Directv LLC/ AT&amp;T          Nonpriority Creditor's Name</p> <p>208 South Akard St          Number Street</p> <p>Dallas TX 75202          City State ZIP Code</p> <p><b>Who incurred the debt? Check one.</b></p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2 7 1 3 \$ 380.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>credit use</u></p>
<p>Nonpriority Creditor's Name</p> <p>Number Street</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt? Check one.</b></p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	
<p>Nonpriority Creditor's Name</p> <p>Number Street</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt? Check one.</b></p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input type="checkbox"/> No  <input type="checkbox"/> Yes</p>	

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Alliance One Inc

Name

4850 Street Road Ste 300

Number Street

Trevose PA 19053

City State ZIP Code

ARS National Services, Inc

Name

P O Box 469046

Number Street

Escondido CA 92046

City State ZIP Code

Convergent Outsourcing, Inc

Name

800 SW 39th St

Number Street

Renton WA 98057

City State ZIP Code

Convergent Outsourcing, Inc

Name

P O Box 9004

Number Street

Renton WA 98057

City State ZIP Code

Client Services, Inc

Name

3451 Harry S Truman Blvd

Number Street

Saint Charles MO 63301

City State ZIP Code

Credence Resource Management LLC

Name

17000 Dallas Parkway Ste 204

Number Street

Dallas TX 75248

City State ZIP Code

Credence Resource Mgmt

Name

P O Box 1253

Number Street

Southgate MI 48195

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 16 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 7 2 1

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 15 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 2 7 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 50 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 7 6 3

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 50 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 7 6 3

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 15 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 2 7 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 55 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 6 1 7

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 55 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 6 1 7

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

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**Credit Collection Services**

Name

P O Box 607

Number Street

Norwood MA 02062  
 City State ZIP Code

Credit Management LP/ CMI

Name

4200 International Pkwy

Number Street

Carrollton TX 75007  
 City State ZIP Code

Credit Management LP/ CMI

Name

4200 International Pkwy

Number Street

Carrollton TX 75007  
 City State ZIP Code

Credit Management LP

Name

7381 Airport View Dr SW

Number Street

Rochester MN 55902  
 City State ZIP Code

Credit Management Company

Name

P O Box 16346

Number Street

Pittsburgh PA 15242  
 City State ZIP Code

Credit Management Company

Name

2121 Noblestown Road

Number Street

Pittsburg PA 15205  
 City State ZIP Code

Dept of Ed/ Navient

Name

123 Justison St 3rd Fl

Number Street

Wilmington DE 19801  
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 9 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 9 4 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 21 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 7 2 4

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 54 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 0 8 7

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 54 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 0 8 7

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 29 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 9 7 8

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 28 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 9 7 7

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.3 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 1 4 0

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

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**Diversified Consultants**

Name

P O Box 551268

Number Street

Jacksonville FL 32255  
City State ZIP Code**Diversified Consultants, Inc**

Name

10550 Deerwood Park Blvd #309

Number Street

Jacksonville FL 32256  
City State ZIP Code**Franciscan Alliance Health Chicago Heights**

Name

2434 Interstate Plaza Drive Ste 2

Number Street

Hammond IN 46324  
City State ZIP Code**Freedman Anselmo Lindberg**

Name

1771 W Diehl #150

Number Street

Naperville IL 60566  
City State ZIP Code**Harris & Harris Ltd**

Name

111 W Jackson Blvd Ste 400

Number Street

Chicago IL 60604  
City State ZIP Code**Harris & Harris LTD**

Name

P O Box 5462

Number Street

Chicago IL 60680  
City State ZIP Code**Hermanek Gara PC**

Name

8 W Monroe Ste 809

Number Street

Chicago IL 60603  
City State ZIP Code**On which entry in Part 1 or Part 2 did you list the original creditor?**Line 10 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 5 4 9

**On which entry in Part 1 or Part 2 did you list the original creditor?**Line 10 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 5 4 9

**On which entry in Part 1 or Part 2 did you list the original creditor?**Line 36 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 7 4 9

**On which entry in Part 1 or Part 2 did you list the original creditor?**Line 11 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 7 9 0

**On which entry in Part 1 or Part 2 did you list the original creditor?**Line 5 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 4 2 9

**On which entry in Part 1 or Part 2 did you list the original creditor?**Line 5 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 4 2 9

**On which entry in Part 1 or Part 2 did you list the original creditor?**Line 26 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 9 6 9

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

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Hodges and Davis, PC

Name

8700 Broadway

Number Street

Merrillville

IN 46410

City

State

ZIP Code

I.C.S. Inc

Name

P O Box 1010

Number Street

Tinley Park

IL 60477

City

State

ZIP Code

Kahn Sanford LLP

Name

180 N LaSalle St #2025

Number Street

Chicago

IL 60601

City

State

ZIP Code

LTD Financial Services Lmtd Partnership

Name

7322 Southwest Freeway Ste 1600

Number Street

Houston

TX 77074

City

State

ZIP Code

Lake Superior Court

Name

2293 N Main Street

Number Street

Crown Point

IN 46307

City

State

ZIP Code

Lake Superior Court

Name

2293 N Main Street

Number Street

Crown Point

IN 46307

City

State

ZIP Code

Malcolm S Gerald and Associates, Inc

Name

332 S Michigan Ave Ste 600

Number Street

Chicago

IL 60604

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 41 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 7 6 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 38 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 8 6 8

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 17 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 2 8 0

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 37 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 2 6 8

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 41 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 7 6 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 39 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 6 5 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 7 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 6 7 9

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

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**Medical Business Bureau LLC**

Name

P O Box 1219

Number Street

Park Ridge

IL 60068

City

State

ZIP Code

**Medical Business Bureau LLC**

Name

1460 Renaissance Dr Ste 400

Number Street

Park Ridge

IL 60068

City

State

ZIP Code

**Medical Business Bureau LLC**

Name

P O Box 1219

Number Street

Park Ridge

IL 60068

City

State

ZIP Code

**NES of Ohio**

Name

2479 Edison Blvd Unit A

Number Street

Twinsburg

OH 44087

City

State

ZIP Code

**NES of Ohio**

Name

2479 Edison Blvd Unit A

Number Street

Twinsburg

OH 44087

City

State

ZIP Code

**One Advantage, LLC**

Name

1232 W State Road 2

Number Street

Laporte

IN 46350

City

State

ZIP Code

**State Collection Svc**

Name

P O Box 6250

Number Street

Madison

WI 53701

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 12 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 4 5 4

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 12 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 6 0 3

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 13 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 6 0 4

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 46 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 1 4 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 47 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 6 2 4

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 42 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 6 4 1

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 3 4 7

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**State Collection Svc**

Name

2509 S Stoughton Rd

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Madison**

WI 53701

City

State

ZIP Code

Last 4 digits of account number 8 3 4 7

**Stenger & Stenger PC**

Name

2618 East Paris Ave SE

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 39 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Grand Rapids**

MI 49546

City

State

ZIP Code

Last 4 digits of account number 0 6 5 5

**US Dept of Education**

Name

61 Forsyth St SW Ste 19T40

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.0 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Atlanta**

GA 30303

City

State

ZIP Code

Last 4 digits of account number 3 4 1 0

**US Dept of Education**

Name

3130 Fairview Park Drive Ste 800

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 3.9 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Falls Church**

VA 23323

City

State

ZIP Code

Last 4 digits of account number 3 1 4 2

**Vengroff Williams Inc**

Name

P O Box 4155

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 14 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Sarasota**

FL 34230

City

State

ZIP Code

Last 4 digits of account number 7 7 5 6

Name

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**City**

State

ZIP Code

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**City**

State

ZIP Code

Last 4 digits of account number \_\_\_\_\_

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

Total claim		
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>88,719.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u>0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. \$ <u>88,719.00</u>

Total claim		
Total claims from Part 2	6f. Student loans	6f. \$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u>60,973.00</u>
	6j. Total. Add lines 6f through 6i.	6j. \$ <u>60,973.00</u>

Fill in this information to identify your case:		
Debtor	Yashicka A Johnson	
	First Name	Middle Name
	N/A	
Debtor 2 (Spouse if filing)	First Name	Middle Name
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (if known)		<input type="checkbox"/> Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 N/A

Name

Number Street

City State ZIP Code

2.2 N/A

Name

Number Street

City State ZIP Code

2.3 N/A

Name

Number Street

City State ZIP Code

2.4 N/A

Name

Number Street

City State ZIP Code

2.5 N/A

Name

Number Street

City State ZIP Code

Fill in this information to identify your case:

Debtor 1	Yashicka A Johnson	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	N/A	
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (if known) _____		

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
 No  
 Yes. In which community state or territory did you live? \_\_\_\_\_. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

#### Column 1: Your codebtor

#### Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line 2.1

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3.1 Raymon Echols

Name  
5964 W Adams St Apt 3

Number Street  
Chicago IL 60644

City State ZIP Code

3.2 N/A

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code

3.3 N/A

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code

Fill in this information to identify your case:

Debtor 1	Yashicka A Johnson	
First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	N/A	
First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (if known) _____		

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Phlebotomist	
Employer's name	Laboratory Corporation of Americ	
Employer's address	338 S Main St Number Street	
Burlington	NC	27215
City	State	ZIP Code
Number Street		
City State ZIP Code		

How long employed there? 1 year

1 year

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 3,225.48	\$ _____
3. Estimate and list monthly overtime pay.	3. + \$ 272.47	+ \$ _____
4. Calculate gross income. Add line 2 + line 3.	4. \$ 3,497.95	\$ _____

Debtor 1 **Yashicka A Johnson**  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

Copy line 4 here.....	For Debtor 1	For Debtor 2 or non-filing spouse
→ 4. \$ 3,497.95	\$ _____	\$ _____

**5. List all payroll deductions:**

5a. Tax, Medicare, and Social Security deductions	5a. \$ 437.22	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ _____
5e. Insurance	5e. \$ 237.78	\$ _____
5f. Domestic support obligations	5f. \$ 0.00	\$ _____
5g. Union dues	5g. \$ 0.00	\$ _____
5h. Other deductions. Specify: <u>legal assistance</u>	5h. + \$ 15.50	+ \$ _____
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	<b>6. \$ 690.50</b>	\$ _____
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	<b>7. \$ 2,807.45</b>	\$ _____

**8. List all other income regularly received:**

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 0.00 \$ \_\_\_\_\_

8b. Interest and dividends

8b. \$ 0.00 \$ \_\_\_\_\_

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 0.00 \$ \_\_\_\_\_

8d. Unemployment compensation

8d. \$ 0.00 \$ \_\_\_\_\_

8e. Social Security

8e. \$ 0.00 \$ \_\_\_\_\_

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: \_\_\_\_\_ 8f. \$ 0.00 \$ \_\_\_\_\_

8g. Pension or retirement income

8g. \$ 0.00 \$ \_\_\_\_\_

8h. Other monthly income. Specify: \_\_\_\_\_

8h. + \$ 0.00 + \$ \_\_\_\_\_

**9. Add all other income.** Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$ 0.00 \$ \_\_\_\_\_

**10. Calculate monthly income.** Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 2,807.45 + \$ 0.00 = \$ 2,807.45

**11. State all other regular contributions to the expenses that you list in Schedule J.**

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_ 11. + \$ 0.00

**12. Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.

Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12.

\$ 2,807.45

Combined monthly income

**13. Do you expect an increase or decrease within the year after you file this form?**

No.

Yes. Explain:

I'm currently working overtime when needed, but overtime isn't guaranteed

Fill in this information to identify your case:

Debtor 1	Yashicka A Johnson		
	First Name	Middle Name	Last Name
Debtor 2	N/A		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Illinois			
Case number (If known) _____			

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

No  
 Yes

No  
 Yes

No  
 Yes

No  
 Yes

No  
 Yes

No  
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses  
4. \$ 1,200.00

If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues

4a. \$ 0.00  
4b. \$ 0.00  
4c. \$ 0.00  
4d. \$ 0.00

Debtor 1 **Yashicka A Johnson**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

<b>Your expenses</b>	
<b>5. Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ <u>0.00</u>
<b>6. Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>165.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>225.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
<b>7. Food and housekeeping supplies</b>	7. \$ <u>320.00</u>
<b>8. Childcare and children's education costs</b>	8. \$ <u>0.00</u>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$ <u>110.00</u>
<b>10. Personal care products and services</b>	10. \$ <u>39.00</u>
<b>11. Medical and dental expenses</b>	11. \$ <u>50.00</u>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>225.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>0.00</u>
<b>14. Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>135.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
<b>17. Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>380.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: <u>School loans</u>	17c. \$ <u>100.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 **Yashicka A Johnson**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

21. Other. Specify: \_\_\_\_\_

21. +\$ \_\_\_\_\_ 0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ \_\_\_\_\_ 2,949.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ \_\_\_\_\_ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ \_\_\_\_\_ 2,949.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ \_\_\_\_\_ 2,807.45

23b. Copy your monthly expenses from line 22c above.

23b. -\$ \_\_\_\_\_ 2,949.00

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. \$ \_\_\_\_\_ -141.55

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here: \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1 **Yashicka A Johnson**  
First Name Middle Name Last Name

Debtor 2 **N/A**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number  
(if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

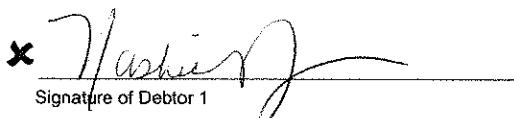
#### Sign Below

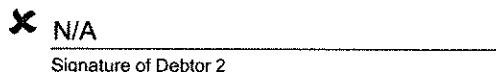
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_, Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

  
Signature of Debtor 1

  
Signature of Debtor 2

Date **08/15/2018**  
MM / DD / YYYY

Date   
MM / DD / YYYY

Fill in this information to identify your case:		
Debtor 1	Yashicka A Johnson	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	N/A	
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (If known) _____		

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:  
lived there

Dates Debtor 2  
lived there

Same as Debtor 1

Same as Debtor 1

Number Street  
From \_\_\_\_\_  
To \_\_\_\_\_

Number Street  
From \_\_\_\_\_  
To \_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

Same as Debtor 1

Same as Debtor 1

Number Street  
From \_\_\_\_\_  
To \_\_\_\_\_

Number Street  
From \_\_\_\_\_  
To \_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2: Explain the Sources of Your Income

Debtor 1

Yashicka A Johnson

First Name Middle Name

Last Name

Case number (if known)

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

For last calendar year:

(January 1 to December 31, 2017) YYYY

For the calendar year before that:

(January 1 to December 31, 2016) YYYY

Debtor 1	Debtor 2
Sources of income Check all that apply.	Sources of income Check all that apply.
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
\$ 41931.34	\$ _____
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
\$ 26275.00	\$ _____
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
\$ 17723.00	\$ _____

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

For last calendar year:

(January 1 to December 31, 2017) YYYY

For the calendar year before that:

(January 1 to December 31, 2016) YYYY

Debtor 1	Debtor 2
Sources of income Describe below.	Sources of income Describe below.
Gross income from each source (before deductions and exclusions)	Gross income from each source (before deductions and exclusions)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Debtor 1 **Yashicka A Johnson**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
American Eagle Bank Creditor's Name	05/22/2018	\$ 380.00	\$ 14,793.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
556 Randall Road Number Street				
South Elgin IL 60177 City State ZIP Code				
Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				
City State ZIP Code				
Creditor's Name		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				
City State ZIP Code				

Debtor 1

**Yashicka A Johnson**

First Name Middle Name

Last Name

Case number (if known)

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Include creditor's name				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

Debtor 1

Yashicka A Johnson

First Name Middle Name

Last Name

Case number (if known)

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title	Methodist Hospital, Inc	default	Lake Superior Court County Div 2
vs.	Yashicka Johnson	Court Name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number	45D081309SC4765	2293 N Main St	City IN ZIP Code
Case title	LVNV Funding	default	Lake Superior Court County Div 2
vs.	Yashicka Johnson	Court Name	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number	45D091703SC655	2293 N Main St	City IN ZIP Code

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property	Date	Value of the property
garnishment	01/01/2018	\$ 1,955.34
National Recoveries, Inc		
Creditor's Name		
P O Box 120666		
Number Street		
St Paul MN 55112		
City State ZIP Code		
Explain what happened		
<input type="checkbox"/> Property was repossessed.		
<input type="checkbox"/> Property was foreclosed.		
<input checked="" type="checkbox"/> Property was garnished.		
<input type="checkbox"/> Property was attached, seized, or levied.		
Describe the property	Date	Value of the property
garnishment		
LVNV Funding		
Creditor's Name		
P O Box 1269		
Number Street		
Explain what happened		
<input type="checkbox"/> Property was repossessed.		
<input type="checkbox"/> Property was foreclosed.		
<input checked="" type="checkbox"/> Property was garnished.		
<input type="checkbox"/> Property was attached, seized, or levied.		
Greenville SC 29602		
City State ZIP Code		

Debtor 1 Yashicka A Johnson  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Describe the action the creditor took			Date action was taken	Amount
Creditor's Name				
Number	Street			\$ _____
City	State	ZIP Code	Last 4 digits of account number: XXXX- _____	

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
			\$ _____

Number Street

City State ZIP Code

Person's relationship to you \_\_\_\_\_

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift

\_\_\_\_\_

\$ \_\_\_\_\_

Number Street

City State ZIP Code

Person's relationship to you \_\_\_\_\_

Debtor 1 **Yashicka A Johnson**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$ _____
			\$ _____
Number Street			
City State ZIP Code			

**Part 6: List Certain Losses**

**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		\$ _____
			\$ _____

**Part 7: List Certain Payments or Transfers**

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Number Street			\$ _____
			\$ _____
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

Debtor 1

Yashicka A Johnson

First Name Middle Name

Last Name

Case number (if known)

Person Who Was Paid

Number Street

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**  
Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

**Description and value of any property transferred**

**Date payment or transfer was made** **Amount of payment**

Person Who Was Paid

Number Street

City State ZIP Code

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

**Description and value of property transferred**

**Describe any property or payments received or debts paid in exchange**

**Date transfer was made**

Person Who Received Transfer

Number Street

City State ZIP Code

Person's relationship to you

Person Who Received Transfer

Number Street

City State ZIP Code

Person's relationship to you

Debtor 1 **Yashicka A Johnson**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

**Description and value of the property transferred**

**Date transfer was made**

Name of trust \_\_\_\_\_

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$_____
Number Street	_____			
City State ZIP Code	_____			
Name of Financial Institution	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$_____
Number Street	_____			
City State ZIP Code	_____			

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution	Name _____		<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street _____		
City State ZIP Code	City State ZIP Code _____		

Debtor 1 **Yashicka A Johnson**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Who else has or had access to it?

Describe the contents

Do you still have it?

Name of Storage Facility

Name \_\_\_\_\_

No

Yes

Number Street

Number Street \_\_\_\_\_

City State ZIP Code

City State ZIP Code \_\_\_\_\_

City State ZIP Code

#### Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Where is the property?

Describe the property

Value

Owner's Name

\$ \_\_\_\_\_

Number Street

Number Street \_\_\_\_\_

City State ZIP Code

City State ZIP Code \_\_\_\_\_

#### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Governmental unit

Environmental law, if you know it

Date of notice

Name of site

Governmental unit

\_\_\_\_\_

Number Street

Number Street

City State ZIP Code

City State ZIP Code

City State ZIP Code

Debtor 1 **Yashicka A Johnson**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**25. Have you notified any governmental unit of any release of hazardous material?**

No  
 Yes. Fill in the details.

Governmental unit		Environmental law, if you know it		Date of notice
Name of site	Governmental unit			_____
Number Street	Number Street			_____
	City	State	ZIP Code	_____
City	State	ZIP Code		_____

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No  
 Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____	Case title _____	<input type="checkbox"/> Pending
Court Name _____	Court Name _____	<input type="checkbox"/> On appeal
Number Street _____	Number Street _____	<input type="checkbox"/> Concluded
Case number _____	City _____ State _____ ZIP Code _____	

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business			Employer Identification number Do not include Social Security number or ITIN.
Business Name _____			EIN: _____
Number Street _____			Dates business existed
City _____	State _____	ZIP Code _____	From _____ To _____
Describe the nature of the business			Employer Identification number Do not include Social Security number or ITIN.
Business Name _____			EIN: _____
Number Street _____			Dates business existed
City _____	State _____	ZIP Code _____	From _____ To _____

Debtor 1 **Yashicka A Johnson**  
First Name Middle Name Last Name

Case number (*if known*) \_\_\_\_\_

Business Name			Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number	Street	Name of accountant or bookkeeper		EIN: _____
City _____ State _____ ZIP Code _____			Dates business existed From _____ To _____	

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

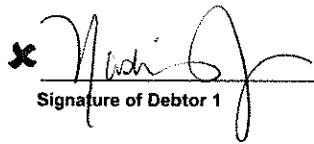
Name \_\_\_\_\_ MM / DD / YYYY \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

  
Signature of Debtor 1

 N/A

Signature of Debtor 2

Date 08/15/2018

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).